

**PROCEEDINGS OF THE AD HOC  
MENTAL HEALTH TREATMENT COMMITTEE**

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding mental health treatment on Wednesday, March 21, 2018 in Conference Room A, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

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**Present:** Vice Chair Erik Hoyer, Health and Human Services Director Erik Pritzl, Jail Lieutenant Scott Brisbane, JOSHUA Representative Cheryl Weber, Behavioral Health Manager Ian Agar, Green Bay Police Officer Kamra Allen, Green Bay Community Police Officer Paul Van Handel, Judge Zuidmulder, Hospital Administrator Luke Schubert, other interested parties

**Excused:** Sheriff John Gossage, District Attorney David Lasee, Green Bay Police Officer Todd Le Pine, Citizen Member Pat La Violette

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**I. Call meeting to order.**

The meeting was called to order by Vice Chair Hoyer at 12:03 pm.

**II. Approve/modify agenda.**

Motion made by Judge Zuidmulder, seconded by Cheryl Weber to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

**III. Approve/Modify Minutes of January 17, 2018.**

Motion made by Cheryl Weber, seconded by Judge Zuidmulder to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

**1. Communication from Chair Zima and Judge Zuidmulder re: Have staff provide a breakdown and explanation of the expenditures made from the \$1.15 million dollars allocated for mental health services during the County budget process for 2016 and 2017.**

Health and Human Services Director Erik Pritzl said they are in the process of closing out 2017 and final numbers are not yet available. The spending for the four initiatives – mobile crisis, day report center, detox and residential treatment – was just over \$900,000 which is more than was expected. The largest area of spending was residential treatment and Pritzl said they have been treating an average of just over 7 people a month for the last 6 months of 2017 in residential treatment settings for substance use or co-occurring conditions and he feels this utilization will continue. Pritzl continued that there are currently about 140 people utilizing the services of the day report center and this is about 20 over what was expected. Family Services is nearing functional capacity for the day report center. Hoyer asked what would be needed to expand the number of people that could be served. Pritzl responded that more staff may be needed to serve more people, but that ties into a much larger Criminal Justice Coordinating Board discussion regarding creating a Criminal Justice Department that would address a number of areas including the day report center and therefore any tweaks are pending a recommendation of the Criminal Justice Coordinating Board and then approval by the County Board.

Hoyer recalled additional initiatives that were discussed last year and asked what the status of that was. Pritzl responded that money was moved into inpatient utilization for volume over what was expected so that, along with the \$900,000 he referenced earlier, puts us almost at the entire budget.

Judge Zuidmulder recalled when the money was created, it was created to add services that were not being provided. We talked about detox, day report center and mobile crisis and he does not understand the talk about residential care. His concern is that the money is sitting out there and he does not want Human Services to take that money and use it for work that they would otherwise have to do anyway. He said the \$1.15 million was additional money to create services that had been neglected or shut down. When talking about residential care, if we were not given the \$1.15 million dollars, the County would still have to find a way to provide that care. Pritzl disagreed and said the County only has to provide residential treatment up to the funding available. Residential

treatment was one of the four pieces. In the past the County was contracting the service and buying it from vendors in the region.

With regard to detox, the County's provider is Bellin, and when there is not capacity there, services are provided at St. Elizabeth in Appleton. Judge Zuidmulder asked how the transportation occurs. Pritzl said if it is a hold, the responsibility for transportation falls on the agency who initiated the hold. Judge Zuidmulder asked why Bellin does not have enough capacity and Pritzl said that is a good question and he has a meeting scheduled in April with the inpatient facilities to talk about the capacity issues. He said it is basically a functional capacity issue; they do not have the staff to provide all the service. These providers are not paid up front; they are paid based on utilization. Pritzl said one of the things they will be looking at this year is a different detox model that is not medically managed and would use a different provider. Judge Zuidmulder said everything we are talking about is designed to prevent people from being locked up in the County jail because officers are frustrated and do not know what else to do. He said when we create a system and then within the system we de-incentivize law enforcement by having them driving people to another location for treatment we are fighting ourselves. Judge Zuidmulder feels the system should be seamless so law enforcement agencies that are doing the community service and the right thing do not find themselves with budget problems because they are acting as a transportation agency when they should not be tied up in that manner. Pritzl said that is something everyone is on board with and everyone agrees we need to find an option that is more seamless.

Green Bay Police Officer Kamra Allen said they are also running into issues with Bellin being full and then St. Elizabeth not wanting to take the people because they question why Bellin would not take them and also, they question taking them when they have been cleared by a medical hospital. Law enforcement has not been very successful with taking those on alcohol holds so the current trend is to go back to how they did it before where the person would detox in the ER and then when the hospital deems them cleared they are released. Allen said when Bellin will not take someone and they are then taken to St. Elizabeth's and are not taken there, they either end up arresting the person or taking them back home and then typically law enforcement is called back right away and the person ends up being arrested.

Green Bay Community Police Officer Paul Van Handel said there is frustration for people in crisis or that do not have a safe place and they are detoxing in the ER because of capacity issues and then from there they are being discharged to nowhere and the process keeps repeating itself. Van Handel questions how to help those people who are seeking voluntary treatment before they become more of an issue because eventually they will drink enough and have a hold placed on them. He said we have not talked about bricks and mortar regarding detox. We talked about a program for detox but not a place for it. Van Handel questions if the program is working when we cannot even get voluntary people who want to detox from the ER moved along into the system and the next level of actual detox, not just the medical clearance portion. Pritzl said there is not disagreement that there need to be changes in the system and they have seen other models that have worked and can be successful. He noted that there have been a few pretty motivated people who have gone through detox and then transition to other resources and have been successful. Pritzl feels the majority of people can probably be treated in a non-hospital type setting. Van Handel said many on the "top 40" list have co-occurring conditions so working on ways to get those people moved into the system quicker would be very helpful. Behavioral Health Manager Ian Agar pointed out that someone who presents with a co-occurring condition that has a primary mental health condition can go to Nicolet Psychiatric. Judge Zuidmulder said if someone does get to Nicolet in a very intoxicated condition and law enforcement says they have a significant mental health condition but staff is not able to determine that because the person is too drunk to interview they are not treated for AODA issues. Van Handel said these people then go back to the street, get into the same recurring situation where they are intoxicated and possibly suicidal. Agar noted that if someone reaches the level where they require a psychiatric hospitalization for a primary mental health condition and they also have a detox need, that need will still be addressed as if they were there on an alcohol hold and then the choice to enter into alcohol or drug treatment is theirs at that point. Van Handel understood this but said if we do not have peer to peer specialization to motivate these people to get to the next step, we are creating the unavoidable situation where they walk out the door, reoffend again, go back into the system, probably under the mental health diagnosis and do not receive treatment for their AODA needs. The agencies at basic needs are frustrated with this because the people who need the help are not being engaged where they need to be engaged. Agar agreed that peer support specialists would help, but said it is not going to be a cure-all because there are still going to be people who do not want treatment. Van Handel also mentioned recovery coaches as an area that is lacking.

The capacity problems need to be solved so people have a place to go and we also have to do something when they are ready to engage so they are not scheduled for an appointment weeks down the road because then we lose them again. Agar said the appointment making part of this is not an issue; the engagement issue is a challenge because some people are just not ready for treatment. Having additional supports in place like a peer support specialist may give some additional motivation to enter into treatment. Van Handel said when someone asks for treatment and are ready at the time, they need to be engaged before they are lost. There is not capacity at this time to help someone in crisis or who has no safe place and that is dangerous territory that we should not be in. Pritzl noted there were a few chronic people who have gone through the hold process.

Judge Zuidmulder said the major point is this: at the time we were started the initiative, there had been a withdrawal by the community of its obligation to provide these types of funds and resources which resulted in a huge hole in the community. Now we step into a very backward area and we have addressed the things right in front of us, but if we are going to continue to have community support, it is essential that we review how this works systemically from the entry point to wherever the exit point is. He is hearing we have a lot of people at the entry point, and a lot of programs, but the people doing the work are frustrated because there are a significant amount of people who never make any progress forward in the system; they get diverted and are failing and we all agree where the failures are. Judge Zuidmulder feels we have a duty for someone to sit down and look at all the silos and pillars we have created and figure out a way to do a better job of actually servicing people and resolving problems. Pritzl said it seems we are all willing to do that and he is willing to bring in the appropriate people to have a well facilitated discussion including an explanation of the rules and regulations that need to be followed. There are going to be barriers with the system no matter what, and the barriers begin with the person because up to a certain point the person gets to make a lot of decisions until certain elements are present.

Officer Allen said from a law enforcement perspective, they would like to see those that are incapacitated and suicidal be placed on alcohol holds. She said in the past Bellin Psych used to do that, but in the last few years, due to liability reasons, they no longer do that. She said they have people with very high BAC levels that are saying they are suicidal but they are placed somewhere on an EM1 and their AODA issues are never addressed because they are released right away. Agar said if someone is suicidal, their mental health needs to be addressed first and foremost because the level of care and oversight if someone is placed somewhere primarily for an alcohol hold is different. They are not going to get the same level of care, attention and oversight as someone presenting as suicidal. If there is a co-occurring alcohol or substance abuse condition that is getting to the point where an alcohol hold is being contemplated, that is the lower road to take. Admitting someone to a psychiatric hospital and having both conditions met is a higher level of care and Agar feels taking the lower road and treating both a mental health condition and an incapacitation through alcohol is entering dangerous territory. He continued it is an officer judgment call when taking someone into custody and assessing the person as having a substance issue and not truly a mental health issue. Allen said if they take someone to Bellin Psych for alcohol, the person still gets the suicide assessment before they leave and, further, pursuant to statute the person should be in the least restrictive environment and an alcohol hold seems less restrictive than an EM1. Agar said the officer taking the person into custody has to make a decision in the field to detain someone under emergency detention or alcohol hold. The authority under which law enforcement detains someone is the driving force because that determines which path they go down in the system. Allen said if law enforcement determines someone is intoxicated and they are also making some suicidal comments, when law enforcement knows the person to be someone who has long standing alcohol issues she feels an alcohol hold is the more appropriate placement. Agar said that is something law enforcement needs to decide but Allen said what she is saying is that law enforcement is not able to make that decision because Bellin Psych says if someone says anything about suicide, they will not take them on an alcohol hold. Judge Zuidmulder said this is the type of systemic problems we need to address because these issues are incapacitating people from doing their jobs.

Agar said the one stop detox model is something everyone is looking forward to, but it will take some time. Pritzl added we have talked about this model before, but said County government takes time. We have to go through a long process and we need to figure out how to get the same resource here that other communities have had success with. The system would take some of the load off the hospital inpatient system and crisis system and provide a good outlet for both law enforcement and people walking in. Hoyer said the Human Services Committee and County Board is on board with this.

Jail Lieutenant Scott Brisbane said the jail becomes the trap because they do detox and they do suicidal people. The easiest thing to do is put people in jail because there are no hoops to jump through. Allen said they want to do the

right thing and Van Handel said what is easy for law enforcement is not good for the patient because they are not getting connected to any services they should have had, had they not been arrested and he feels that is a failure of the system.

Agar provided a handout, a copy of which is attached, which outlines the timelines for the goals and objectives that have been discussed in previous meetings. He reviewed the handout with the group and explained the initiatives and the timelines.

Judge Zuidmulder inquired about the injectables and said he thought we passed a motion previously to use some money for injectables and noted that part of the Mental Health Court requirements are for people to take their prescribed medications and they are much more successful with injections are given at the CTC instead of pills. He asked if we are aggressively making sure that anyone who can be given an injectable gets it. Agar responded that some of the prior discussion on this occurred when we were talking about reallocating funds when we felt there would be excess money left over. We ended up not having the money available and therefore money was not used for that purpose. Judge Zuidmulder said he thought it was pretty clear that if a medication someone has been prescribed comes in an injectable that it be administered that way. Agar recalled a situation where a treatment court individual needed an injectable and was given the medication requested. Pritzl said what they were trying to avoid was someone not getting the medication they need because of individual barriers. He said there is not money appropriated specifically for injectables in 2018. Judge Zuidmulder said if a psychiatrist orders an injectable, the insurance company needs to follow the medical psychiatric determination that that is the appropriate medication, then it has to be paid for and the same applies to any medication prescribed at the CTC. Hospital Administrator Luke Schubert said on the in-patient side, they get a rate per day for the overall care and then they manage the costs and the psychiatrist will decide whether to prescribe an injectable. Schubert said the system works differently in the clinic and Agar agreed and said each situation is different depending on circumstances. As a system, Schubert said if the costs of medication cannot be paid, they are written off. Pritzl explained that there is a different pathway on the DOC side because of some new funding. Agar said if there was a situation where someone needed the medication but there was an affordability issue, they would still get the medication, but the patient may have a responsibility for the difference between what insurance covers and the cost of the medication. Agar also noted the sliding fee scale does not apply to medications. Pritzl asked if there could ever be a situation where someone is in the outpatient clinic with a mental health diagnosis and is appropriate for medication but is not medicated due to an affordability issue. Agar said that would not happen.

*Judge Zuidmulder was excused at 1:05 pm.*

2. **Update re: Long range mental health needs in Brown County including what could be funded by County Executive Streckenbach's proposed half-percent sales tax.**

*This item was not discussed specifically at this meeting.*

3. **Formally identify Committee members.**

Hoyer said this was discussed at Human Services and Pritzl was asked to bring a formal list forward.

4. **Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**

*This item was not discussed specifically at this meeting.*

5. **Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

*This item was not discussed specifically at this meeting.*

6. **Discussion re: Recertifying County operations to return to previous services providing long-term care.**

*This item was not discussed specifically at this meeting.*

7. **Update re: Outreach efforts.**

*This item was not discussed specifically at this meeting.*

8. **Such other matters as authorized by law. None.**

9. **Adjourn.**

**Motion made by Cheryl Weber, seconded by Scott Brisbane to adjourn at 1:17 pm. Vote taken. MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Therese Giannunzio  
Administrative Specialist

# Timelines for Ad-Hoc MH Task Force Goals and Objectives

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## Currently and Ongoing:

Statistical Information on success and status of the 4 AD-Hoc MH Initiatives

Economic Support screening and linkage of jail clients with M.A. and related benefits

Treatment Court Housing Allocation Monies \$65,000

## 1-6 Months:

### Substance Use (AODA)

Vivitrol Prescription through O/P Clinic.  
Streu's pharmacy referral to patients with Rx.

Contract with Dr. Fatoki, Treatment Providers LLC

MAT Resource List development and sharing.

Detox Service Availability-Post information on County Website.

Availability of AODA Treatment and access to it-on cty website.

Targeted Outreach to drug users via Billboards/211, Trilogy/PSA's and County electronic information boards.

### Mental Health

Secure Crisis Coordinator  
Appointment Hotline for those needing outpatient Services

Establish Peer Support Specialists in CCS by 6-30-2018.

MH External Resource List –make available on county website and electronic boards.

Review Existing O/P clients and see if transfer to primary care is possible.

Add open slots in therapist schedule –aid faster access to Psychiatry and therapy.

Flow chart to guide access to care.

Expanded med management groups for specific populations

Mental Health Continuum of Care--\$5000 allocation for 2018 event

**6-12 Months:**

**Substance Use (AODA)**

Medication Assisted Treatment –access to, process to get it, costs associated with other MAT available in the Community.

RFP for Med Monitored Detox Service in CBRF setting

Treatment Navigator for continuity of care assistance and follow- up with patients post discharge from inpatient care.

**Mental Health**

Funding for peer supports needs appropriation.

Contract for Peers Support Specialists

Recidivism data for jail liaison vs. no jail liaison.

**12+ Months:**

County website redesign

\$1.5 million for a 1 stop shop for Crisis at CTC-Planning/RFP

Construction company selection and then beginning of construction.

Crisis Staffing determined for facility and implemented.

Establish opening date tbd.

Construction of LTC MH facility to reduce/eliminate use of

Trempealeau County facility

Grant Writer-secure a grant writer for securing grants to pay for services.

Transitional Housing -\$400,000 for location close to the jail